

GAU 2818

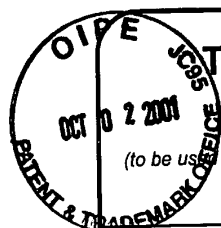
PTO/SB/21 (08-00)

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**TRANSMITTAL FORM**

(to be used for all correspondence after initial filing)

Application Number	09/405,210
Filing Date	September 24, 1999
First Named Inventor	Marchant, Bruce D.
Group Art Unit	2818
Examiner Name	VU, D.
Attorney Docket Number	018865003200
Total Number of Pages in This Submission	5

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Postcard
Remarks		The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm and Individual name	Townsend and Townsend and Crew LLP William E. Winters	Reg No. 42,232
Signature		
Date	September 27, 2001	

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: September 27, 2001

Typed or printed name	Don Nixon	Date	September 27, 2001
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SF 1274458 v1

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FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$) 180

Complete if Known

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METHOD OF PAYMENT		FEE CALCULATION (continued)					
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to: Deposit Account Number: 20-1430 Deposit Account Name: Townsend and Townsend and Crew LLP <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		3. ADDITIONAL FEES					
2. <input type="checkbox"/> Payment Enclosed: <input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other							
FEE CALCULATION							
1. BASIC FILING FEE							
Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid		
101	710	201	355	Utility filing fee			
106	320	206	160	Design filing fee			
107	490	207	245	Plant filing fee			
108	710	208	355	Reissue filing fee			
114	150	214	75	Provisional filing fee			
SUBTOTAL (1)					(\$)		
2. EXTRA CLAIM FEES							
Total Claims	-20**	=	Extra Claims	X	Fee from below	=	Fee Paid
Independent Claims	-3**	=		X		=	
Multiple Dependent				X		=	
Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description			
103	18	203	9	Claims in excess of 20			
102	80	202	40	Independent claims in excess of 3			
104	270	204	135	Multiple dependent claim, if not paid			
109	80	209	40	** Reissue independent claims over original patent			
110	18	210	9	** Reissue claims in excess of 20 and over original patent			
SUBTOTAL (2)					(\$)		
SUBTOTAL (3)					(\$)180		

SUBMITTED BY		Complete (if applicable)			
Name (Print/Type)	William E. Winters	Registration No. (Attorney/Agent)	42,232	Telephone	415-576-0200
Signature		Date	September 27, 2001		

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